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Bib Data Sheet

CONFIRMATION NO. 7437

<b>SERIAL NUMBER</b> 09/870,373	<b>FILING DATE</b> 05/30/2001 <b>RULE</b> 1.47	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2673	<b>ATTORNEY DOCKET NO.</b> BELA 4280.1
<b>APPLICANTS</b> LaVonne Cule, St. Clair, MO; Beth Frankenberg, Union, MO; Grady Smith, St. Clair, MO;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/208,334 05/31/2000				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 08/02/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 29
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 000321				
<b>TITLE</b> Method of graphically indicating patient information				
<b>FILING FEE RECEIVED</b> 558	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	